

BRLA Membership Form

(January-December, 2008)

Name: _____ Date: _____

Address: _____ City/State: _____ Zip: _____

Home Phone: _____ Send mail to: Home: _____ Work: _____

Please check the type of membership: *New: _____ **Renewal _____

*If a new membership, please fill out all the spaces below,

**If a renewal, complete only the information which has changed.

Address: _____ City/State: _____ Zip: _____

Work Phone: _____

Complete e-mail address:

Other library association memberships:

Please check the appropriate category:

Institutional Member: _____ \$20.00 Regular Member: _____ \$20.00

International Member: _____ \$10.00 Student Member: _____ \$ 5.00 Retired
Member: _____ \$10.00

Check if interested in serving on a committee: _____

Committee preference: _____

Would you like to make a contribution to the Scholarship Fund? \$ _____

The IRS has determined that BRLA is a 501(c)(3) federal income tax exempt organization. BRLA's ID# is 74-6090782.

Please mail application with with your check to:

Sharon Amastae
BRLA Treasurer
P.O. Box 5342
El Paso TX 79954-5342

Border Regional Library Association membership dues are payable January 1st for the new calendar year.